



# Appendices



# APPENDIX A

## AREAS OF ASSESSMENT FOR HOUSING PLACEMENT

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This assessment is adapted from documents used by the Center for Urban Community Services in New York.

### I. PSYCHIATRIC FUNCTIONING

- Current mental status:
- History of high-risk behaviors:
- Treatment attitudes and understanding of illness:
- History of hospitalizations:
- Judgment, impulse control, memory and concentration:
- History of treatment and use of psychotropic medications:

### II. MEDICAL STATUS

- Unmanaged, undiagnosed, or contagious illness:
- How independent is applicant in obtaining medical help?
- Special needs, for example, diet, medication:
- HIV status:

### III. ACTIVITIES OF DAILY LIVING SKILLS

- Ability and motivation to improve skills:
- Hygiene, housekeeping and cleaning one's living space:
- Shopping, cooking and maintaining a proper diet:
- Budgeting and prioritizing needs and activities:
- Household knowledge and safety:

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#### **IV. COMMUNITY LIVING SKILLS**

- Communicating or interacting in public:
- Accessing other systems/keeping appointments: IM, MH, SS:
- Traveling, banking, using the post office, library and other community services:
- Discriminating danger/asserting and protecting oneself:

#### **V. MOTIVATION TO OBTAIN HOUSING**

- Applicant's current living situation:
- Feelings and fears that affect motivation:
- Attitude and behavior toward and throughout the placement process:

#### **VI. SUBSTANCE USE/ABUSE**

- Signs and symptoms of current use:
- Consequences of use:
- History of use:
- History of treatment:
- Applicant's assessment of the impact of substance use on his/her life:

#### **VII. ENTITLEMENT STATUS**

- Current Status:
- Barriers to obtaining entitlements:

#### **VIII. SOCIAL SKILLS AND NEEDS**

- Need or desire for interaction with family, friends and partners:
- Privacy Needs:
- Level of comfort in groups, both formal and informal:
- Does the applicant's belief system or behavior affect social functioning?

#### **IX. HOUSING HISTORY AND PATTERNS**

- Causes of homelessness:
- Long-term institutionalization (e.g., hospital, shelter):
- Unserved housing:
- Served or supportive housing:
- Family or significant others:

#### **X. APPLICANT PREFERENCES**

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# APPENDIX B

## HOUSING PREFERENCE QUESTIONS

### FOR APPLICANTS

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These descriptors can guide discussion with applicants of special housing preferences and needs when filling out the accompanying worksheet. This list of descriptors is adapted from documents used by the Center for Urban Community Services in New York.

#### I. NUMBER OF ROOMMATES

- Would you share an apartment if you had your own room?
- Do you like having some company where you live?
- Have you lived by yourself before?
- Do you get lonely?

#### II. MEALS PROVIDED/COOKING FACILITIES

- Would you prefer having your own kitchen? Shared kitchen? Cafeteria?
- Do you like to cook? How often -- every day, three times a day?
- Do you mind cleaning up after cooking?

#### III. LAUNDRY/LINENS PROVIDED/CLEAN OWN ROOM

- Would you like to have help with some of these responsibilities?

#### IV. SHARED/OWN BATHROOM

- Is a shared bathroom in the hall acceptable?
- Would a bathroom shared only with one or two other people be alright?

#### V. LOCATION

- Neighborhood, borough?
- What features are important (such as shopping, libraries, transportation, well-lit areas, etc.?)

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## **VI. CURFEWS**

- How do you feel about these policies?
- Does it make you feel safer to know the door is locked as night?

## **VII. VISITOR POLICY**

- Do you want to have overnight guests? How often?
- How do you feel about having your guests screened?
- Do you like knowing that other people's guests are screened?

## **VIII. PETS**

- Do you currently have a pet that you wish to keep?

## **IX. LEVEL OF SAFETY/SECURITY**

- What is important to you?
- Will you be going out a lot?
- Will you be going out on your own or with roommates or friends?

## **X. SOCIAL SERVICE STAFF ON SITE**

- Do you like having someone to talk to or be available any time of the day or night?
- Would you like to live in a place that has no staff on site and have staff visit you instead?

## **XI. SOBRIETY**

- How do you feel about being in a setting where people may be using drugs or alcohol?
- Is a community that strongly supports sobriety important to you?

## **XII. GROUPS/DAY PROGRAM**

- Would you like to have access to in-house groups?
- How do you feel about mandatory attendance at groups?
- Do you like the idea of having staff sponsored activities, like trips and movies?

## **XIII. MONEY MANAGEMENT**

- Would you like to have help safekeeping or managing your finances?

## **XIV. MIX OF PEOPLE IN FACILITY**

- Do you prefer living with all women (or men), or younger people, etc?
  - Would you like to live with different people than you do now?
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## APPLICANT'S HOUSING PREFERENCES WORKSHEET

Use this worksheet to help develop your strategy for housing by clarifying goals and acceptable options. List relevant issues in a column under each heading.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Where I am now:

(ex. Share bath w/ 40 people)

What I really want:

(ex. Private bath w/ tub)

What I would accept:

(ex. Share bath w/ 2 or 3 people)